



## **Global Health**

### **BACKGROUND**

The top three health threats facing the people of Zimbabwe are HIV/AIDS, tuberculosis (TB) and malaria. According to the Zimbabwe Demographic Health Survey for 2010-11, adult HIV prevalence is currently at 15 percent, compared to 18 percent in 2005-06 and 25 percent in 1997. Despite the decline, HIV/AIDS continues to be the leading cause of death among Zimbabwean adults.

TB is the second leading cause of death, and the number of drug resistant cases is rising. Three-fourths of all TB patients are co-infected with HIV/AIDS, a significant contributing factor to the TB caseload. Malaria is the third leading cause of illness and death in Zimbabwe, with about half the country's population living in malaria-prone areas.

HIV/AIDS, TB, and malaria, all contribute significantly to maternal deaths, which have more than tripled over the past twenty years, while other countries in the region have seen a steady decline. Consequently, USAID focuses on strengthening maternal and child health by increasing access to voluntary family planning services, reducing the transmission of HIV/AIDS, controlling tuberculosis through better case detection and management, and providing medication to pregnant mothers to prevent malaria. USAID assistance also enhances community level interventions that care for orphans and vulnerable children, improving the well-being of over 130,000 children in 2013.

USAID/Zimbabwe invested nearly \$100 million in 2013 to help provide access to essential health care services, saving thousands of lives. USAID supports the Ministry of Health and Child Care to reduce preventable deaths and lessen disease impact, especially among women and children.

In addition, USAID assistance enhances community level interventions that care for orphans and vulnerable children (OVCs), improving the well-being of over 130,000 children in 2013. USAID also strengthens the capacity of Zimbabwean organizations to deliver essential services to promote a sustainable, country-led response to national public health priorities.

### **HIV/AIDS**

The U.S. Government, through the President's Emergency Program for AIDS Relief (PEPFAR) program, is a major contributor to Zimbabwe's national program to mitigate HIV/AIDS and supports a range of activities for HIV-prevention, care, support, and treatment. In 2013, with

U.S. support, 140,000 HIV-positive Zimbabweans received life-saving antiretroviral (ARV) drugs, which represents approximately 25 percent of all ARV patients in Zimbabwe. USAID also supports voluntary male circumcision to reduce the risk of HIV transmission, HIV testing and counseling, provision of male and female condoms, and prevention of mother-to-child HIV transmission. HIV/AIDS efforts also work towards an AIDS-free generation through support for orphans and vulnerable children affected by HIV/AIDS and other HIV prevention activities for young people.

The joint efforts of USAID, the Center for Disease Control and Prevention, and the U.S. Embassy's Public Affairs Section help to reduce HIV/AIDS prevalence in Zimbabwe with PEPFAR funding. In 2014, the United States expects to provide \$95 million to continue to mitigate HIV/AIDS in Zimbabwe.

### **Malaria**

About four million Zimbabweans are at risk of contracting malaria each year. USAID, through the President's Malaria Initiative (PMI), strengthens efforts to control malaria in 33 districts and supports both malaria prevention and treatment. USAID's malaria activities include indoor residual spraying to prevent malaria and distribution of insecticide treated mosquito nets and protective clothing. In 2013, USAID supported the spraying of over 500,000 houses protecting more than 1.1 million people to combat malaria. The program also distributed over 690,000 insecticide treated bed nets in 2013, contributing to an increase in the proportion of people who used treated insecticide nets per night from 19 percent in 2009 to 58 percent in 2013.

### **Tuberculosis (TB)**

USAID's TB program provides assistance in Zimbabwe by supporting the country's National TB program to increase the availability of TB services and strengthen TB case detection and management. In targeted areas, USAID supports the Ministry of Health and Child Care's efforts to expand the use of a TB/HIV integrated care approach. In 2013, USAID supported a motorcycle-based sputum transport system, which ensures rapid turnaround times for identifying TB in a person from an average of 21 days to seven days in the rural districts and from seven days to one day in the urban areas.

### **Maternal and Child Health**

USAID interventions work to reduce maternal and child illnesses and deaths by improving the availability of essential health services to increase safe childbirths, improve basic child health services at the local level, strengthen family planning services, and provide HIV Prevention of Mother to Child Transmission services.

Through USAID support, the quality of maternal and newborn care provided at 17 USG supported facilities has increased. The proportion of facilities achieving at least 80 percent of international maternal and newborn health standards rose from 24 percent in 2010 to 76 percent in 2013. Women and girls are at the center of USAID health activities given the high levels of maternal mortality and the large percentage of women infected by HIV/AIDS.

### **Health Logistical Services**

To support uninterrupted and quality service delivery in all of the targeted health areas, USAID

works to improve the country's medical supply-chain management system, from procurement to distribution, of essential pharmaceuticals and supplies.